

# Countermeasure and Response Administration



## Office of Public Health Preparedness & Response (OPHPR) Seminar Series

---

### *New Capabilities for Tracking Countermeasure Use: Highlights of the Updated CRA System*

January 14th, 2010

Roybal 19, Distance Learning Auditorium

11:00 AM – 12:00PM

#### **Participants:**

- Jeanne Tropper (presenter)
- Ulrica Andujar (demonstration)
- Barb Nichols (CRA lead)
- CRA Information Center (CIC) Team
- CRA Development Team
- 30 attendees in room; 5 participants online

#### **Agenda Topics:**

- Project History
- Use Cases for CRA
- Demonstration
- Future Plans
- Open Q&A

#### **Meeting Notes**

- Marinda Logan began the meeting by introducing Jeanne Tropper and provided a brief bio. Jeanne began the presentation with an overview of talking points. Jeanne provided a background of CRA and the project history, followed by use cases.
- Ulrica Andujar continued with a demonstration of system capabilities using the NH Anthrax Event as an example.
- Jeanne concluded the presentation with future plans for CRA and opened up for questions (see Q&A below).

#### **Q&A**

- (During demonstration) For the local use fields, does the information collected also get transmitted up or does it stay local?
  - Jeanne responded that the information resides locally.
- In managing the head-of-household scenario, does CRA populate as a single information packet or is it parsed out by individual? How is this parsed out at the clinic level?
  - Jeanne responded that the person picking up the countermeasure is linked to other records which also live as separate individual records and collect individual detail. This concept is based



**SAFER • HEALTHIER • PEOPLE™**



# Countermeasure and Response Administration



on the anthrax scenario, and other scenarios including isolation which was tested in Maryland. We can show you more detail if you'd like. This needs additional input and refinement, which we are happy to receive feedback and suggestions on.

- With system evaluation, you stated there was a need for introduction/re-introduction to stakeholders – are there ongoing efforts?
  - Jeanne responded the concept is for multiple planning scenarios, reach out to stakeholders and subject matter experts in CDC reporting scenarios (e.g. anthrax, flu, plague, etc.). Before engaging, talk with these folks about the data needs in that area and set up the system to resonate better. With NCEH, we sat with them prior to the exercise to talk about their basic needs and set up the CRA system as it is today to show how it could be used to meet those needs. Currently there is no outreach schedule; our current high priority is focused on the NCEH radiological event but we are interested also in focusing on Anthrax and natural disasters. We are also involved in the Outbreak Management Interoperability (OMI) calls regularly with the partners.
- Of the three options for aggregate reporting to CDC, which is the most widely used and which do you want Project Areas to focus on for the future?
  - Jeanne responded that for the H1N1 event, half the Project Areas were Option 1 users and the other half were Option 2 users with a small fraction using Option 3 due to its perception as being onerous. Ideally, Option 1 and Option 3 would be the most ideal for moving more towards automation. Option 2 is mostly Excel spreadsheets and paper, which has its logistical challenges.



**SAFER • HEALTHIER • PEOPLE™**

